EMERGENCY DROUGHT REQUEST

SEASONAL

STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFERAPR 2 8 2005 **OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards (REGION)

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) Change purpose(s) of use		EUSE ONLY 38366€7WRIA 48
 ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water) 	DATE ACCEPTED 091	29,05 BY 55
Explain: PARTIAL SEASONAL TRANSFER WITHIN BASIN	SEPA: Exempt E	
EMERGENCY DROUGHT REQUEST		
	1 0+	- 2
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL S	SHEETS (PLEASE PRINT O	R TYPE CLEARLY)
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
ARROWLEAF HOMEOWNERS' ASSOCIATION	(206) 274-5112	(206) 274-5121
c/o Law Office of Thomas M. Pors ADDRESS		
1420 5 TH Avenue, Suite 2200		
CITY	STATE	ZIP CODE
Seattle	WA	98101
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE

C54-WRC 138366@7

Received

FOR OFFICE USE ONLY

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2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER CS4-WRC138366@4

RECORDED NAME(S)

Dalton and Linda Dulac

DO YOU OWN THE RIGHT TO BE CHANGED? ☐ YES ☑ NO

IF NO, PROVIDE OWNER(S) NAME: Dalton and Linda Dulac
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? ☑ YES ☐ NO

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing									
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #	
Well		SE	NE	16	35N	20E			
or		NE	SE	16	35N	20E			
B. Proposed									
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #	
Arrowleaf Well 1		NE	SE	22	36	19E			48 okt
Arrowleaf Well 4		SW	NE	22	36	19E			,
Arrowleaf Well 2		NW	NE	16	36	19E			
Arrowleaf Well 3		NE	SW	15	36	19E			
DO YOU OWN THE EXISTING A	AND PROP	OSED PO	INT(S) OF	DIVERSION	ONWITHDI	RAWAL?			
EXISTING: YES INO	PROPO	OSED: 🗹	YES 🗆	NO-IF	IO, PROVII	DE OWNER(S	S) NAME:		
	Exist	ting PC	W own	ed by [Dalton a	ind Linda	Dulac		
								41 11. 4 1	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing **PURPOSE OF USE GPM** or CFS PERIOD OF USE ACRE-FT/YR Irrigation of 5 acres May 1 to October 1 50 gpm 11.1 B. Proposed (Partial Seasonal Transfer) **PURPOSE OF USE** GPM or CFS ACRE-FT/YR PERIOD OF USE Irrigation of 5 acres 50 gpm 11.1 2005 irrigation season

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APP. NO. PERMIT NO. CERT. NO. CERT. OF CHANGE NO.		
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5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

A portion of HES No. 181, also know as Okanogan County Tax Parcel No. 8849500010

OF ACRES SEC. TWP. RGE. COUNTY PARCEL# 1/4 1/4 SE NE 35 20E 9 8849500010 5.0 Okanogan 35 20E NE SE 9 Okanogan Same same

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☑ NO - IF NO, PROVIDE OWNER(S) NAME:

Dalton and Linda Dulac

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Arrowleaf Lots 1A, 1B, 2 and 4, part of HES 89, 90, 91, 92, 93 and 94 in Sections 22 through 27, 15 and 16, T. 36N, R.19E, W.M.

1/4 1/4 SEC. TWP. RGE. COUNTY PARCEL# # OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?

YES NO - IF NO, PROVIDE OWNER(S) NAME:

Arrowleaf Lot 1A - John and Barbara O'Halloran; Arrowleaf Lot 1B - Ted and Iris Wagner;

Arrowleaf Lot 2 - Tom and Sonia Campion; Arrowleaf Lot 4 - The Trust for Public Land

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☑ YES □ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

Existing: Cert. 4096; Proposed: CS4-WRC115861@2; CG4-24312@1; CG4-24313(B)@1; CG4-24314(B)@1

6. Remarks and Other Relevant Information:

Immediate authorization is requested to continue irrigating Arrowleaf Lots 1A, 1B, 2 and 4 after the Methow River instream flow cutoff; this seasonal change will prevent injury or loss to new native grass and shrub plantings for conservation/restoration of meadows and wildlife enhancement purposes. This project is consistent with the Arrowleaf stewardship plan prepared by the Trust for Public Land, which, along with the Washington Department of Fish & Wildlife, supports and manages open space covenants on the Arrowleaf parcels proposed for continued irrigation.

This is an emergency drought application due to a state-declared drought emergency. The applicant's existing water rights are restricted due to instream flow limitations. New conservation plantings will not survive without immediate approval of this seasonal transfer. Telephonic approval is requested at the earliest opportunity.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Thomas M. Pors, attorney for Arrowleaf Homeowners Association (Applicant)

Dalton Dulac (Water Right Holder)

Dalton Dulac (Land Owner(s) of Existing Place of Use)

(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

W	E ARE RETURNING YOUR APPLICATION	FOF	THE FOLLOWING H	REAS	SON(S	5):
	PLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE					
	ADDITIONAL SIGNATURES REQUIRED		SECTION	IS	INCO	MPLETE
	OTHER/EXPLANATION:					
	STAFF:	-/	DATE:			_/